

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5379PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2010
NAME OF PROVIDER OR SUPPLIER A FULL LIFE AGENCY		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 IDAHO ST ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	Initial Comments This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your agency on 2/25/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The agency is licensed as a Personal Care Aide Agency which provides in-home personal care services to elderly and disabled persons. One client file was reviewed and one employee file was reviewed. Complaint #NV00023932 was substantiated. See Tags P230, P340 and P410.	P 000		
P 230 SS=D	Section 16.1(a-i) Personnel File Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant; (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency; (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with	P 230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5379PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2010
NAME OF PROVIDER OR SUPPLIER A FULL LIFE AGENCY			STREET ADDRESS, CITY, STATE, ZIP CODE 1071 IDAHO ST ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 230	Continued From page 1 respect to the attendant; (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age; (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and (i) Documentation of all training attended by and performance evaluations of the attendant. This STANDARD is not met as evidenced by: Based on record review on 2/25/10, the agency failed to ensure 1 of 30 attendants met tuberculosis testing requirements outlined in NAC 441A.375, was background checked and had evidence of training in an employee file (Employee #1). Severity: 2 Scope: 1	P 230			
P 340 SS=D	Section 19.1(c)(6)(I-III) Training Sec. 19. 1. Each attendant of an agency shall: (c) Receive training: (6) That is specifically related to the personal care services provided by the agency, including, as applicable, training in the following topics: (I) Duties and responsibilities of attendants and the appropriate techniques for	P 340			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5379PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2010
NAME OF PROVIDER OR SUPPLIER A FULL LIFE AGENCY			STREET ADDRESS, CITY, STATE, ZIP CODE 1071 IDAHO ST ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 340	Continued From page 2 providing personal care services; (II) Recognizing and responding to emergencies, including, without limitation, fires and medical emergencies; (III) Dealing with adverse behaviors; This STANDARD is not met as evidenced by: Based on record review on 2/25/10, the agency failed to ensure 1 of 30 attendants received training in recognizing and responding to medical emergencies (Employee #1). Severity: 2 Scope: 1	P 340			
P 410 SS=D	Section 19.1(c)(2-3) Training Evaluation 2. Each attendant of an agency must be evaluated and determined to be competent by the agency in the required areas of training set forth in paragraph (c) of subsection 1. 3. Each attendant of an agency must have evidence of successful completion of a training program that includes the areas of training set forth in paragraph (c) of subsection 1 within the 12 months immediately preceding the date on which the attendant first begins providing care to a client. This STANDARD is not met as evidenced by: Based on record review on 2/25/10, the agency failed to ensure 1 of 30 attendants was evaluated and determined to be competent required areas of training (Employee #1). Severity: 2 Scope: 1	P 410			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.